Attorney Docket No. 101.0084-02000

Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Gary K. Michelson, M.D.

Serial No.: 09/921,851 Filed: August 3, 2001

For: METHOD FOR FORMING A SPINAL IMPLANT SURFACE CONFIGURATION (as amended) Group Art Unit: 3738 Examiner: B. Snow

Confirmation No.: 8299

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TECHNOLOGY CENTER R3700

Sir:

CERTIFICATE OF MAILING VIA U.S. EXPRESS MAIL

Express Mail Mailing Label No. ER521778580US Date of Deposit: February 13, 2004

I hereby certify that:

- 1. Transmittal Form (in duplicate)
- 2. Amendment
- 3. Information Disclosure Statement with 1 document
- 4. Check in the amount of \$180.00 (IDS fee)
- 5. Self-addressed return postcard receipt

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service with sufficient postage under 37 C.F.R. § 1.10 on the date indicated above and are addressed to:

> Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Date: February 13, 2004

Sandra L. Blackmon

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PTO-1083 nre applica

Attorney Docket No.: 101.0084-02000

Customer No. 22882

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Wichelson Serial No: 09/921,851 Filed: August 3, 2001

METHOD FOR FORMING A SPINAL

IMPLANT SURFACE CONFIGURATION (as

amended)

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

3738

Confirmation No.: 8299

Art Unit:

Examiner: B. Snow

Transmitted herewith is an Amendment in reply to the Office Action dated December 4, 2003, in the aboveidentified application.

No additional fee is required.

Applicant hereby requests a ***-month extension of time to respond to the above office action.

An Information Disclosure Statement with 1 document is enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMB PREVIOUSLY PAID		(Col. 3) PRESENT EXTRA*	LG/SN \$ ENTITY		 D'L DUE
TOTAL CLAIMS FEE	54	-	54	**	0	LG=\$18 SM=\$9	\$18	\$ 0
INDEPENDENT CLAIMS FEE	4	-	4	***	0	LG=\$84 SM=\$42	\$84	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140								\$ 0
						Т	OTAL	\$ 0

By:

XI	amount of \$180.00 to c		

A check in the amount of \$____ to cover the ***-month extension of time fee is enclosed.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

RECEIVED Any patent application processing fees under 37 C.F.R. § 1.17

FEB 2 5 2004

Respectfully submitted,

MARTIN & FERRARO, LLP

TECHNOLOGY CENTER 83700

Date: February 13, 2004

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If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.